



CITY OF MILWAUKEE
DEPARTMENT OF EMPLOYEE RELATIONS
ABSENCE DUE TO PERSONAL ILLNESS FORM

PP: _____



Name (First, Last):		INSTRUCTIONS: When a doctor's certificate is required per departmental work rules, the certificate must contain the following information: 1) Starting and ending dates of absence. 2) A statement from the doctor indicating that the absence was medically necessary. 3) If applicable, medical restrictions and duration of such restrictions. NOTE: Sick Leave Certification Form (CBP-157) may be completed by your doctor to verify your absence.
Home Address:		
Department/Div:		
Employee ID #:		
Job Title:		

Period Absent from Work: (If less than one full working day, complete Line 2 below)

1) Number of FULL working day(s) absent:

	Month	Day	Year		Month	Day	Year	
From:				To:				Total No. of Days Absent

2) Number of hours absent (PARTIAL DAY absence):

Month	Day	Year							
			From:	:	(am/pm)	To:	:	(am/pm)	Total No. of Hours Absent:
			From:	:	(am/pm)	To:	:	(am/pm)	
			From:	:	(am/pm)	To:	:	(am/pm)	

Did you receive medical attention from a doctor during the above period? ☐ Yes ☐ No

Doctor's Name:

Address/Telephone Number:

Did you notify your superior in accordance with your departmental work rules? ☐ Yes ☐ No

I HEREBY CERTIFY THAT:

- ☐ I was unable to perform the duties of my position during the period of the absence.
- ☐ I remained at home during the full period of illness, except for visits to the doctor. *If not, please explain below:*

- I understand that providing false information will be considered cause for disciplinary action, up to and including discharge.
- I certify that the above statements are true and correct.

Employee
Signature:

Date:

THIS SECTION FOR DEPARTMENTAL APPROVAL

I reviewed this application for accuracy and completeness.

Signature:

Date:

Job Title: